



**ACKNOWLEDGEMENT OF NOTIFICATION
OF
HAZARDOUS WASTE ACTIVITY**

03/16/2004

This is to acknowledge that you have filed a **Notification of Hazardous Waste Activity** for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER
INSTALLATION NAME
INSTALLATION ADDRESS

MAILING ADDRESS

NYR000026856
HOME DEPOT THE 1259
579 TROY SCHENECTADY RD
LATHAM, NY 12110

1905 ASTON AVE #100
CARLSBAD, CA 92008

EPA Form 8700-12AB (4-80)

USEPA - REGION 2
RCRA Programs Branch
290 Broadway, 22nd Floor
New York, NY 10007-1866

ATTN: RCRA NOTIFICATIONS
Tel : (212) 637-4106
Fax: (212) 637-3056

TO: HOME DEPOT THE 1259
or Current Occupant
ATTN: ROBERT PERKINS
1905 ASTON AVE #100
CARLSBAD, CA, 92008

change Contact

<p>MAIL THE COMPLETED FORM TO: The Appropriate State or EPA Regional Office.</p>	<p>United States Environmental Protection Agency RCRA SUBTITLE C SITE IDENTIFICATION FORM</p>			<p>ENVIRONMENTAL PROTECTION AGENCY, REGION II 2004 FEB 18 PM 3:48</p>
<p>1. Reason for Submittal (See instructions on page 23)</p> <p>MARK CORRECT BOX(ES)</p>	<p>Reason for Submittal:</p> <p><input type="checkbox"/> To provide Initial Notification of Regulated Waste Activity (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities).</p> <p><input checked="" type="checkbox"/> To provide Subsequent Notification of Regulated Waste Activity (to update site identification information).</p> <p><input type="checkbox"/> As a component of a First RCRA Hazardous Waste Part A Permit Application.</p> <p><input type="checkbox"/> As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # _____).</p> <p><input type="checkbox"/> As a component of the Hazardous Waste Report.</p>			
<p>2. Site EPA ID Number (See instructions on page 24)</p>	<p>EPA ID Number: <u>NYR000026850</u></p>			
<p>3. Site Name (See instructions on page 24)</p>	<p>Name: <u>The Home Depot 1259</u></p>			
<p>4. Site Location Information (See instructions on page 24)</p>	<p>Street Address: <u>579 Troy-Schenectady Road</u></p>			
	<p>City, Town, or Village: <u>Latham</u></p>		<p>State: <u>NY</u></p>	
	<p>County Name: <u>Albany</u></p>		<p>Zip Code: <u>12110</u></p>	
<p>5. Site Land Type (See instructions on page 24)</p>	<p>Site Land Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other</p>			
<p>6. North American Industry Classification System (NAICS) Code(s) for the Site (See instructions on page 24)</p>	<p>A. <u>444110</u></p>		<p>B.</p>	
	<p>C.</p>		<p>D.</p>	
<p>7. Site Mailing Address (See instructions on page 25)</p>	<p>Street or P. O. Box: <u>1905 Aston Ave #100</u></p>			
	<p>City, Town, or Village: <u>Carlsbad</u></p>			
	<p>State: <u>Ca</u></p>			
	<p>Country: <u>USA</u></p>		<p>Zip Code: <u>92008</u></p>	
<p>8. Site Contact Person (See instructions on page 25)</p>	<p>First Name: <u>Robert</u></p>		<p>MI: <u>Perkins</u></p>	
	<p>Phone Number: <u>760.602.8839</u></p>		<p>Phone Number Extension: _____</p>	
<p>9. Legal Owner and Operator of the Site (See instructions on pages 25 to 26)</p>	<p>A. Name of Site's Legal Owner: <u>Home Depot USA</u></p>		<p>Date Became Owner (mm/dd/yyyy): <u>7/27/2000</u></p>	
	<p>Owner Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other</p>			
	<p>B. Name of Site's Operator: <u>Home Depot USA</u></p>		<p>Date Became Operator (mm/dd/yyyy): <u>7/27/2000</u></p>	
	<p>Operator Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other</p>			

EPA ID No.

10. Type of Regulated Waste Activity (Mark the appropriate boxes for activities that apply to your site. See instructions on pages 26 to 30)

A. Hazardous Waste Activities

1. Generator of Hazardous Waste

(Choose only one of the following three categories.)

- ☐ a. LQG: Greater than 1,000 kg/mo (2,200 lbs./mo.) of non-acute hazardous waste; or
- ☒ b. SQG: 100 to 1,000 kg/mo (220 - 2,200 lbs./mo.) of non-acute hazardous waste; or
- ☐ c. CESQG: Less than 100 kg/mo (220 lbs./mo.) of non-acute hazardous waste

In addition, indicate other generator activities. (Mark all that apply)

- ☐ d. United States Importer of Hazardous Waste
- ☐ e. Mixed Waste (hazardous and radioactive) Generator

For Items 2 through 6, mark all that apply.

- ☐ 2. Transporter of Hazardous Waste
- ☐ 3. Treater, Storer, or Disposer of Hazardous Waste (at your site) Note: A hazardous waste permit is required for this activity.
- ☐ 4. Recycler of Hazardous Waste (at your site) Note: A hazardous waste permit may be required for this activity.
- ☐ 5. Exempt Boiler and/or Industrial Furnace
- ☐ a. Small Quantity On-site Burner Exemption
- ☐ b. Smelting, Melting, and Refining Furnace Exemption
- ☐ 6. Underground Injection Control

B. Universal Waste Activities

1. Large Quantity Handler of Universal Waste (accumulate 5,000 kg or more) [refer to your State regulations to determine what is regulated]. Indicate types of universal waste generated and/or accumulated at your site. (Mark all boxes that apply):

	Generate	Accumulate
a. Batteries	<input type="checkbox"/>	<input type="checkbox"/>
b. Pesticides	<input type="checkbox"/>	<input type="checkbox"/>
c. Thermostats	<input type="checkbox"/>	<input type="checkbox"/>
d. Lamps	<input type="checkbox"/>	<input type="checkbox"/>
e. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>
f. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>
g. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>

☐ 2. Destination Facility for Universal Waste

Note: A hazardous waste permit may be required for this activity.

C. Used Oil Activities (Mark all boxes that apply.)

1. Used Oil Transporter - Indicate Type(s) of Activity(ies)
- ☐ a. Transporter
- ☐ b. Transfer Facility
2. Used Oil Processor and/or Re-refiner - Indicate Type(s) of Activity(ies)
- ☐ a. Processor
- ☐ b. Re-refiner
- ☐ 3. Off-Specification Used Oil Burner
4. Used Oil Fuel Marketer - Indicate Type(s) of Activity(ies)
- ☐ a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner
- ☐ b. Marketer Who First Claims the Used Oil Meets the Specifications

11. Description of Hazardous Wastes (See instructions on page 31)

A. Waste Codes for Federally Regulated Hazardous Wastes. Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.

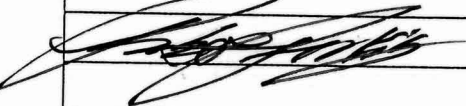
D001						
D002						
D009						
D016						
D019						

EPA ID No.

B. Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes. Please list the waste codes of the State-regulated hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use an additional page if more spaces are needed for waste codes.

12. Comments (See instructions on page 31)

13. Certification. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. (See instructions on page 31)

Signature of owner, operator, or an authorized representative	Name and Official Title (type or print)	Date Signed (mm/dd/yyyy)
	Robert Perkins Specialist	2/12/04



**ACKNOWLEDGEMENT OF NOTIFICATION
OF
HAZARDOUS WASTE ACTIVITY**

11/13/2001

This is to acknowledge that you have filed a **Notification of Hazardous Waste Activity** for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER
INSTALLATION NAME
INSTALLATION ADDRESS

NYR000026856

HOME DEPOT #1259

**579 TROY SCHENECTADY RD
LATHAM, NY 12110**

MAILING ADDRESS

**1905 ASTON AVE #100
CARLSBAD, CA 92008**

EPA Form 8700-12AB (4-80)

**USEPA - REGION 2
RCRA Programs Branch
290 Broadway, 22nd Floor
New York, NY 10007-1866**

**ATTN: JACK HOYT
Tel : (212) 637-4106
Fax: (212) 637-4949**

**TO: HOME DEPOT #1259
or Current Occupant
ATTN: JEFF KACIREK - SPECIALIST
1905 ASTON AVE #100
CARLSBAD, CA 92008**

(owner change)

OCT 23 2001

Form Approved, OMB No. 2050-0028 Expires 12/31/02
GSA No. 0246-EPA-OT

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

Please refer to Section V, Line-by-Line Instructions for Completing EPA Form 8700-12 before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received
(For Official Use Only)

OCT 23 2001 7:07

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)



A. Initial Notification



B. Subsequent Notification
(Complete item C)

C. Installation's EPA ID Number

NY R000026856

II. Name of Installation (Include company and specific site name)

Home Depot 1259

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

579 Troy-Schenectady Road

Street (Continued)

City or Town

Latham

State

Zip Code

NY

12110-

County Code

County Name

IV. Installation Mailing Address (See instructions)

Street or P.O. Box

1905 ASTON AVE #100

City or Town

Carlsbad

State

Zip Code

CA

92008-

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (Last)

Kacirek

(First)

JEFF

Job Title

SPECIALIST

Phone Number (Area Code and Number)

760-602-8676

VI. Installation Contact Address (See instructions)

A. Contact Address
Location

Mailing



B. Street or P.O. Box

City or Town

State

Zip Code

VII. Ownership (See instructions)

A. Name of Installation's Legal Owner

Home Depot USA

Street, P.O. Box, or Route Number

2455 Paces Ferry Rd NW bldg C-8

City or Town

Atlanta

State

Zip Code

GA

30339-

Phone Number (Area Code and Number)

770-384-2341

B. Land Type

P

C. Owner Type

P

D. Change of Owner
Indicator

Yes

X

No

Date Changed

Month

Day

Year

UPS EXP

Call

OCT 23 2001

Address Verified By usps

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to Instructions)

A. Hazardous Waste Activities

1. Generator (See Instructions)
- ☐ a. Greater than 1000kg/mo (2,200 lbs.)
- ☐ b. 100 to 1000 kg/mo (220-2,200 lbs.)
- ☒ c. Less than 100 kg/mo (220 lbs.)
2. Transporter (Indicate Mode in boxes 1-5 below)
- ☐ a. For own waste only
- ☐ b. For commercial purposes
- Mode of Transportation
- ☐ 1. Air
- ☐ 2. Rail
- ☐ 3. Highway
- ☐ 4. Water
- ☐ 5. Other - specify
3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity, see instructions.
4. Exempt Boiler and/or Industrial Furnace
- ☐ a. Smelting, Melting, and Refining Furnace Exemption
- ☐ b. Small Quantity On-Site Burner Exemption
- ☐ 5. Underground Injection Control

C. Used Oil Management Activities

1. Used Oil Transporter/Transfer Facility - Indicate Type(s) of Activity(ies)
- ☐ a. Transporter
- ☐ b. Transfer Facility
2. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)
- ☐ a. Processor
- ☐ b. Re-refiner
- ☐ 3. Off-Specification Used Oil Burner
4. Used Oil Fuel Marketer
- ☐ a. Marketer Who Directs Shipment of Off-Specification Used Oil to Used Oil Burner
- ☐ b. Marketer Who First Claims the Used Oil Meets the Specifications

B. Universal Waste Activity

- ☐ Large Quantity Handler of Universal Waste

IX. Description of Hazardous Wastes (Use additional sheets if necessary)

A. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See instructions if you need to list more than 12 waste codes.)

1	2	3	4	5	6
7	8	9	10	11	12

B. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24; See instructions if you need to list more than 4 toxicity characteristic waste codes.)

(List specific EPA hazardous waste number(s) for the Toxicity Characteristic contaminant(s))

1. Ignitable (D001)	2. Corrosive (D002)	3. Reactive (D003)	4. Toxicity Characteristic	1	2	3	4
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

C. Other Wastes. (State-regulated or other wastes requiring a handler to have an I.D. number; See instructions.)

1	2	3	4	5	6

X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature



Name and Official Title (Type or print)

Jeff Kaurak

Date Signed

10/22/01

XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section IV of the booklet for addresses.)

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

Form Approved, OMB No. 2050-0028 Expires 12/31/02
GSA No. 0246-EPA-OT

Please refer to Section V. Line-by-Line Instructions for Completing EPA Form 8700-12 before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).	<h2 style="margin: 0;">Notification of Regulated Waste Activity</h2> <div style="display: flex; align-items: center; justify-content: center;"> <div> EPA United States Environmental Protection Agency </div> </div>	Date Received (For Official Use Only) OCT 23 2001
I. Installation's EPA ID Number (Mark 'X' in the appropriate box)		
<input checked="" type="checkbox"/> A. Initial Notification <input type="checkbox"/> B. Subsequent Notification (Complete item C)		C. Installation's EPA ID Number <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
II. Name of Installation (Include company and specific site name) <div style="border: 1px solid black; padding: 2px;"> The Home Depot 1259 </div>		
III. Location of Installation (Physical address not P.O. Box or Route Number)		
Street <div style="border: 1px solid black; padding: 2px;"> 579 Troy-Schneectady Road </div>		
Street (Continued) <div style="border: 1px solid black; height: 20px;"></div>		
City or Town <div style="border: 1px solid black; padding: 2px;"> Latham </div>		State <div style="border: 1px solid black; padding: 2px;"> NY </div>
		Zip Code <div style="border: 1px solid black; padding: 2px;"> 12110- </div>
County Code <div style="border: 1px solid black; padding: 2px;"> 00 </div>	County Name <div style="border: 1px solid black; padding: 2px;"> Albany </div>	
IV. Installation Mailing Address (See instructions)		
Street or P.O. Box <div style="border: 1px solid black; padding: 2px;"> 1905 ASTON AVE #100 </div>		
City or Town <div style="border: 1px solid black; padding: 2px;"> Carlisbad </div>		State <div style="border: 1px solid black; padding: 2px;"> CA </div>
		Zip Code <div style="border: 1px solid black; padding: 2px;"> 92008- </div>
V. Installation Contact (Person to be contacted regarding waste activities at site)		
Name (Last) <div style="border: 1px solid black; padding: 2px;"> Kacirek </div>		(First) <div style="border: 1px solid black; padding: 2px;"> Jeff </div>
Job Title <div style="border: 1px solid black; padding: 2px;"> SPECIALIST </div>		Phone Number (Area Code and Number) <div style="border: 1px solid black; padding: 2px;"> 760-602-8700 </div>
VI. Installation Contact Address (See instructions)		
A. Contact Address Location <input type="checkbox"/> Location <input checked="" type="checkbox"/> Mailing	B. Street or P.O. Box <div style="border: 1px solid black; height: 20px;"></div>	
City or Town <div style="border: 1px solid black; height: 20px;"></div>		State <div style="border: 1px solid black; height: 20px;"></div>
		Zip Code <div style="border: 1px solid black; height: 20px;"></div>
VII. Ownership (See instructions)		
A. Name of Installation's Legal Owner <div style="border: 1px solid black; padding: 2px;"> The Home Depot USA </div>		
Street, P.O. Box, or Route Number <div style="border: 1px solid black; padding: 2px;"> 2455 Paces Ferry Rd </div>		
City or Town <div style="border: 1px solid black; padding: 2px;"> Atlanta </div>		State <div style="border: 1px solid black; padding: 2px;"> GA </div>
		Zip Code <div style="border: 1px solid black; padding: 2px;"> 30339- </div>
Phone Number (Area Code and Number) <div style="border: 1px solid black; padding: 2px;"> 770-384-2341 </div>	B. Land Type <input checked="" type="checkbox"/> P <input type="checkbox"/> U	C. Owner Type <input checked="" type="checkbox"/> P <input type="checkbox"/> O
		D. Change of Owner Indicator Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
		Date Changed Month <input type="checkbox"/> Day <input type="checkbox"/> Year <input type="checkbox"/>

FROM NYS DEC SO WOLF RD ALB

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to Instructions)

A. Hazardous Waste Activities

1. Generator (See Instructions)
- ☐ a. Greater than 1000kg/mo (2,200 lbs.)
- ☐ b. 100 to 1000 kg/mo (220-2,200 lbs.)
- ☒ c. Less than 100 kg/mo (220 lbs.)
2. Transporter (Indicate Mode in boxes 1-5 below)
- ☐ a. For own waste only
- ☐ b. For commercial purposes

Mode of Transportation

- ☐ 1. Air
- ☐ 2. Rail
- ☒ 3. Highway
- ☐ 4. Water
- ☐ 5. Other - specify

- ☐ 3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity, see instructions.
4. Exempt Boiler and/or Industrial Furnace
- ☐ a. Smelting, Melting, and Refining Furnace Exemption
- ☐ b. Small Quantity On-Site Burner Exemption
- ☐ 5. Underground Injection Control

C. Used Oil Management Activities

1. Used Oil Transporter/Transfer Facility - Indicate Type(s) of Activity(ies)
- ☐ a. Transporter
- ☐ b. Transfer Facility
2. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)
- ☐ a. Processor
- ☐ b. Re-refiner
- ☐ 3. Off-Specification Used Oil Burner
4. Used Oil Fuel Marketer
- ☐ a. Marketer Who Directs Shipment of Off-Specification Used Oil to Used Oil Burner
- ☐ b. Marketer Who First Claims the Used Oil Meets the Specifications

B. Universal Waste Activity

- ☐ Large Quantity Handler of Universal Waste

IX. Description of Hazardous Wastes (Use additional sheets if necessary)

A. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See instructions if you need to list more than 12 waste codes.)

1	2	3	4	5	6
7	8	9	10	11	12

B. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24; See instructions if you need to list more than 4 toxicity characteristic waste codes.)

(List specific EPA hazardous waste number(s) for the Toxicity Characteristic contaminant(s))

1. Ignitable (D001)	2. Corrosive (D002)	3. Reactive (D003)	4. Toxicity Characteristic	1	2	3	4
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	D016			

C. Other Wastes. (State-regulated or other wastes requiring a handler to have an I.D. number; See instructions.)

1	2	3	4	5	6

X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature

Name and Official Title (Type or print)

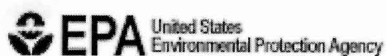
JEFF KACILEK SPECIALIST

Date Signed

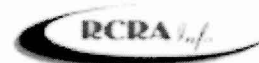
10/8/01

XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section IV of the booklet for addresses.)



Handler Information



SKI MARKET

LATHAM

NYR000026856

Select the information to process:

Basic Handler Information						
Handler Id	Handler Name	Facility Identifier	Extract Flag	Region	State	Universes
NYR000026856	<u>SKI MARKET</u>		X	02	NY	CEG <input type="checkbox"/>

Previous Name Information		
Act Loc	Receive Date	Handler Name

Location Address Information								
Act Loc	Street No.	Street	City	County	State	Zip	Land Type	State District
NY	579	TROY SCHENECTADY RD	LATHAM	ALBANY	NY	12110	P	NYSDEC R4

Mailing Address Information					
Act Loc	Street No.	Street	City	State	Zip
NY	579	TROY SCHENECTADY RD	LATHAM	NY	12110

Contact Information							Add Contact		
Act Loc	Type	Title	First Name	Last Name	Phone	Street	City	State	Zip
NY	<u>N</u>	ACCTS PAY MGR	BRIAN	SMITH	781-890-1212	135 2ND AVE	WALTHAM	MA	02154

Owner Information									Add Owner	
Act Loc	Seq	Indicator	Type	Change Date	Owner/Operator Name	Phone	Street	City	State	Zip
NY	<u>1</u>	PO	P	2/2/1998	HECHINGER - HOME QUARTERS	301-341-1000	3500 PENNSYLVANIA DR	LANDOVER	MD	20785
NY	<u>2</u>	CO	P		AMB PROPERTY ASSOCIATED	518-785-5593	579 TROY-SCHENECTADY RD	LATHAM	NY	12110

Operator Information								Add Operator		
Act Loc	Seq	Indicator	Type	Change Date	Owner/Operator Name	Phone	Street	City	State	Zip

Miscellaneous Information							Add/Update Miscellaneous Information		
Act Loc	Previous Id	Second Id	Ack Flag	Ack Date	River Basin	TSD Date	Non-notifier	Off-site receipt	Accessibility
NY				5/24/1999					

Location Coordinates			Add/Update Latitude/Longitude
Act Loc	Source	Latitude Measure	Longitude Measure
NY			

Environmental Priority Ranking				Add EPR
Act Loc	EPR Date	EPR Status	EPR Notes	

SIC Information				Add SIC
Act Loc	Seq	Source	Code	Primary

Other Permit Information				Add Other Permit
Act Loc	Number	Type	Permit Description	

Activity Summary Information										Add Activity
Act Loc	Source	Seq	Receipt Date	Gen - Fed Reg.	Trans - Fed Reg.	TSD - Fed Reg.	HW Fuel - Fed Reg.	Used Oil - Fed Reg.	UIC	Recy
NY	<u>N</u>	1	4/22/1999	CESQG - R	-	-	-	-		

Hazardous Waste Stream Information					Add Waste Stream		
Act Loc	Sequence	Source	Date	Amount	Unit of Measure	Desc	
NY	<u>0001</u>	N	7/18/1996	0			

Go To



URL: /Handler/HAND_info_main.asp



1905 Aston Avenue #100
Carlsbad, CA 92008
(800) 360-3220 Phone
(760) 602-8854 Fax

Fax Cover Sheet

To: Nathan Fax: 212-637-3056
From: Donna Southard Date: NOV. 6, 2001
Re: EPA ID # for HD1259 Pages: ①
CC: _____

☒ Urgent

☐ For Review

☐ Please Comment

☒ Please Reply

☐ Please Recycle

Please call 760-602-8624 with EPA number.
Thanks.

NATHAN-

HERE is the date that was needed
to process the paperwork for the EPA ID
number. The date is January 17, 2000.
This is when Home Depot purchased the
Property from Ski Market.

Any questions pls call

Thank you

Donna Southard

760-602-8624



ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

05/24/99

This is to acknowledge that you have filed a **Notification of Hazardous Waste Activity** for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER	→	NYR000026856
INSTALLATION NAME	→	SKI MARKET
INSTALLATION ADDRESS	→	579 TROY SCHENECTADY RD LATHAM, NY 12110
MAILING ADDRESS	→	579 TROY SCHENECTADY RD LATHAM, NY 12110

EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION 2
290 BROADWAY, 22nd Floor
NEW YORK, NEW YORK 10007-1866

ATTN: DIV OF ENVIRON PLANNING & PROTECTION
RCRA PROGRAMS BRANCH

TO: SMITH, BRIAN
ACCTS PAY MGR
135 2ND AVE
WALTHAM, MA 02154

Please print or type with ELITE

To avoid delays in processing, please complete all sections.
Only original signature of the Generator is acceptable.

Please refer to the instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).

EPA

Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received
(For Official Use On)

99-04-22

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☒

A. First Notification

☐

B. Subsequent Notification
(Complete item C)

C. Installation's EPA ID Number

NY121100021081516

II. Name of Installation (Include company and specific site name)

SK MARKET

III. Location of Installation Requires Building Number or Latitude and Longitude for processing.

Street

579 TROY - SCHENECTADY RD

Street (Continued)

LATHAM

City or Town

LATHAM

State

Zip Code

NY 12110

COUNTY CODE

County Name

001

IV. Installation Mailing Address

Street or P.O. Box

SAME

City or Town

State

Zip Code

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (Last)

SMITH

First

(781) 890-1212 X 314

Job Title

BRIAN

Phone Number (Area Code and Number)

ACCOUNTS PAYABLE MANAGER

VI. Installation Contact Address

A. Contact Address
Location Mailing Other

B. Street or P.O. Box

☐☐☐

135 SECOND AVENUE

City or Town

WALTHAM

State

Zip Code

MA 02154

VII. Ownership PROPERTY

A. Name of Installation's Legal Owner

AMB PROPERTY ASSOCIATE

Street, P.O. Box, or Route Number

579 TROY - SCHENECTADY RD

City or Town

LATHAM

State

Zip Code

NY 12110

Phone Number (Area Code and Number)

518 785 5593

B. Land Type

C. Owner Type

D. Change of Owner Indicator

Yes

No

(Date Changed)
Month Day Year

02 02 98

From: Jack Hoyt, ~~AND~~, EPA, Region 2, 290 Broadway, 22 Fl.
New York, NY 10007-1866. Tel: (212) 637 4106

Address verified
US Postal Office (99)

Change (Owner)

99 APR 22 AM 10:06

518 785-5593

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes; Refer to instructions)

A. Hazardous Waste Activity

1. Generator (See instructions)

- ☐ a. Greater than 1000kg/mo (2,200 lbs.)
☐ b. 100 to 1000 kg/mo (200-2,200 lbs.)
☒ c. Less than 100 kg/mo (220 lbs.)

☒ 2. Transporter (Indicate Mode in boxes 1-5 below)

- ☐ a. For own waste only
☐ b. For commercial purposes

Mode of Transportation

- ☐ 1. Air
☐ 2. Rail
☐ 3. Highway
☐ 4. Water
☐ 5. Other - specify

☐ 3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity; see instructions.

4. Hazardous Waste Fuel

- ☐ a. Generator Marketing to Burner
☐ b. Other Marketers
☐ c. Boiler and/or Industrial Furnace

- ☐ 1. Smelter Refractory
☐ 2. Small Quantity Exemption
Indicate Type of Combustion Device(s)

- ☐ 1. Utility Boiler
☐ 2. Industrial Boiler
☐ 3. Industrial Furnace

☐ 5. Underground Injection Control

B. Used Oil Recycling Activities

1. Used Oil Fuel Marketer

- ☐ a. Marketer Directs Shipment of Used Oil to Off-Specification Burner
☐ b. Marketer Who First Claims the Used Oil Meets the Specifications

2. Used Oil Burner - Indicate Type(s) Combustion Device(s)

- ☐ a. Utility Boiler
☐ b. Industrial Boiler
☐ c. Industrial Furnace

3. Used Oil Transporter - Indicate Type of Activity(ies)

- ☐ a. Transporter
☐ b. Transfer Facility

4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)

- ☐ a. Process
☐ b. Re-refine

IX. Description of Hazardous Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001)



2. Corrosive (D002)



3. Reactive (D003)



4. Toxicity Characteristic



(List specific EPA hazardous waste number(s) for the Toxicity characteristic contained in the waste)

D0018

D0017

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See instructions if you need to list more than 12 waste codes.)

1
7

2
8

3
9

4
10

5
11

6
12

C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number; See instructions.)

1

2

3

4

5

6

X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system design assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature ORIGINAL



Name and Official Title (Type or print)

BRIAN SMITH ACCOUNTS PAYABLE MGR

Date Signed

4/19/99

XI. Comments

PLEASE CALL ME IMMEDIATELY WITH AN EPA ID NUMBER.

BRIAN SMITH (781) 890-1242 X314

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)

NAME OF WASTE STREAM

MATERIAL PROFILE

SAFETY-KLEEN

BLASOCUT SLUDGE

SKI12-002

☐ New ☐ Amendment☐ LQG ☐ SQG ☐ CSQG

Expiration: 04/16/01

A. GENERATOR INFORMATIONGenerator Name SKI MARKET/UNDERGROUND SNOWBOARD STORE #3

Facility Address

579 TROY SCHENECTADY ROADLATHAM FARMS SHOPPING CENTERCity/County LATHAM / 02 ALBANYState NYZip Code 12110

USEPA ID#

State ID#

Technical Contact CHRIS SMITHTelephone(518) 785-5593

EXT.

Fax()

Billing Name SKI MARKET LTD. INC.Billing Address 135 SECOND AVENUECity WALTHAMState MAZip Code 02154Attention CAROLYN BLAZKOWSKITelephone(781) 890-121

EXT.

B. DOT Shipping Name State regulated oil waste

Tech. Con.

Hazard Class Zone Label Req TOXICUN/NA No. SRO Packing Group RQ**C. RCRA** RCRA Non Hazardous/Exempt? ☒ Yes ☐ No Process Generating:SKI TUNEUPState Waste Codes: EPA Waste Codes: MA01**D. ANNUAL REPORT CODES**SIC Code: 7 6 9 9Source Code: A 3 7Form Code: 6 1 0 2Origin Code 1System Type: M 1 4 1**E. OTHER COMPONENTS**

	No	Yes	Total ppm
PCB's	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Cyanides	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Sulfides	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Pesticides	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Phenolics	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Dioxins	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Halogens	<input checked="" type="checkbox"/>	<input type="checkbox"/>	%

F. PHYSICAL CHARACTERISTICS AT 70° F

1. Infectious or Biological Waste? ☐ Yes ☒ No
 2. NRC Regulated Radioactive? ☐ Yes ☒ No
 3. Reactivity ☒ None ☐ Water Reactive
☐ Pyrophoric ☐ Shock Sensitive
☐ Cyanides ☐ DOT Explosive
☐ Sulfides ☐ Other

- ☐ Gas (Cylinder) ☐ Solid %
☐ Aerosol ☐ Sludges %
☐ Lab-Pack ☒ Free Liquids 100 %
100 %

Layers
☐ Single Layered ☒ Bi-layered ☐ Multi-layeredViscosity
☒ Low ☐ Medium ☐ HighOdor
☐ None ☒ Mild ☐ Strong Describe:Color/Appearance:
GREEN/CLEAR

Weight
 Density 7-9 lbs./gal.(US,liq) lbs./cu. foot
 Dry Weight ☐ <1.0% ☐ 5-20%
☐ 1-5% ☐ 20-100%
 pH ☐ N/A
☐ 0-2 ☒ 4.1-10 ☐ ≥ 12.5
☐ 2.1-4 ☐ 10.1-12.4 Exact

Flash Point (liquid only)
☐ < 73°F (23°C)
☐ 73-140°F (23-60°C)
☐ 142-200°F (61-93°C)
☒ > 200°F (93°C)
☐ Exact
 Boiling Point
☐ < 95°F (35°C)
☒ > 95°F (35°C)
☐ Exact

BTU/LB.

Dermal Toxicity LD₅₀(Mg/Kg)
☐ ≤ 40 ☐ < 200, ≤ 1000
☐ > 40, ≤ 200 ☒ > 1000
4. Material poisonous by inhalation? ☐ Yes ☒ No**Oral Toxicity LD₅₀(Mg/Kg)**
☐ ≤ 5 ☐ > 5, ≤ 50
☒ > 50, ≤ 200 ☐ > 200
 Liquids: ☐ > 50, ≤ 500 ☒ > 500
5. Is this waste stored in vented drums? ☐ Yes ☒ No6. Is this waste pumpable? ☒ Yes ☐ No7. Is this waste polymerizable? ☐ Yes ☒ No8. Is waste stream subject to the National Emission Standards for Benzene Waste Operations (40 CFR 61 Subpart FF)? ☐ Yes ☒ No9. Is this waste regulated as an ozone depleting substance (40 CFR part 82)? ☐ Yes ☒ No10. Does this waste contain scrap metal pieces greater than 2 inches in size? ☐ Yes ☒ No**G. METALS**☒ NONE ☐ TCLP (MG/L) ☐ TOTAL (PPM)

	Reg. Limit	Below	Above	Range
Arsenic	5 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	
Barium	100 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	
Cadmium	1 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	
Chromium	5 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	
Copper		<input type="checkbox"/>	<input type="checkbox"/>	
Lead	5 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	
Mercury	0.2 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	
Nickel	134 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	
Selenium	1 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	
Silver	5 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	
Zinc		<input type="checkbox"/>	<input type="checkbox"/>	
Others:				

H. PHYSICAL/CHEMICAL CONSTITUENTS

Water	1.00-25.00%
Sulfonic acids, petroleum, sodium salts	< 5.00%
Oils, vegetable	< 5.00%
Severely hydrotreated mineral oil	5.00-15.00%
Dyes, non TRI	< 1.00%
Plastic Debris	40.00-60.00%
Steel filings	40.00-60.00%
--MORE CONSTITUENTS ON CONTINUATION SHEET--	

(Attach All MSDS, Sample Analysis and Additional Info.)

I. ANTICIPATED VOLUME

Qty.	Container	Qty.	Container
<input type="checkbox"/>	5 gal. pail	<input type="checkbox"/>	Cubic Yard Box*
<input type="checkbox"/>	15 gal. carboy	<input type="checkbox"/>	Super Sack*
<input type="checkbox"/>	30 gal. drum	<input type="checkbox"/>	Roll-off/Dump Trailer*
<input checked="" type="checkbox"/>	2.00 55 gal. drum	<input type="checkbox"/>	Tanker*
<input type="checkbox"/>	85 gal. drum	<input type="checkbox"/>	Other

Per ☐ 1 Time ☐ Week ☐ Month
☐ Year ☒ Other AN(*) Is this waste regulated as a Marine Pollutant (49 CFR 171.8)? ☐ Yes ☒ No**Generator's Certification:**

I hereby certify that the above and attached description is complete and accurate to the best of my knowledge and ability to determine that no deliberate or willful omissions of composition properties exist and that all known or suspected hazards have been disclosed. I certify that the materials tested are representative of all material described by this profile.

Generator's Authorized Signature: _____

Date _____

NAME OF WASTE STREAM

MATERIAL PROFILE NO.

SAFETY-KLEEN

BLASOCUT LIQUID

SK112-001

☐ New ☐ Amendment Needs ID# ☐ LQG ☐ SQG ☐ CSQG

Expiration: 04/15/01

A. GENERATOR INFORMATIONGenerator Name SKI MARKET/UNDERGROUND SNOWBOARD STORE #3

Facility Address

579 TROY SCHENECTADY ROADLATHAM FARMS SHOPPING CENTERCity/County LATHAM / 02 ALBANYState NY Zip Code 12110

USEPA ID#

State ID#

Technical Contact CHRIS SMITHTelephone(518) 785-5593 EXT. _____

Fax() _____

Billing Name SKI MARKET LTD. INC.Billing Address 135 SECOND AVENUECity WALTHAM State MA Zip Code 02154Attention CAROLYN BLAZKOWSKITelephone(781) 890-121 EXT. _____**B. DOT Shipping Name** State regulated oil waste

Tech. Con. _____

Hazard Class _____ Zone _____ Label Req TOXICUN/NA No. SR0 Packing Group RO**C. RCRA** RCRA Non Hazardous/Exempt? ☒ Yes ☐ No Process Generating:SKI TUNEUPState Waste Codes: _____ EPA Waste Codes: MA01**D. ANNUAL REPORT CODES**SIC Code: 7 6 9 9Source Code: A 3 7Form Code: B 1 0 2Origin Code 1System Type: M 1 4 1**E. OTHER COMPONENTS**

	No	Yes	Total ppm
PCB's	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Cyanides	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Sulfides	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Pesticides	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Phenolics	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Dioxins	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Halogens	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____ %

F. PHYSICAL CHARACTERISTICS AT 70° F

1. Infectious or Biological Waste? ☐ Yes ☒ No
2. NRC Regulated Radioactive? ☐ Yes ☒ No
3. Reactivity ☒ None ☐ Water Reactive
- ☐ Pyrophoric ☐ Shock Sensitive
- ☐ Cyanides ☐ DOT Explosive
- ☐ Sulfides ☐ Other _____

- ☐ Gas (Cylinder) ☐ Solid _____ %
- ☐ Aerosol ☐ Sludges _____ %
- ☐ Lab-Pack ☒ Free Liquids 100 %

- Layers**
- ☐ Single Layered ☒ Bi-layered ☐ Multi-layered

- Viscosity**
- ☒ Low ☐ Medium ☐ High

- Odor**
- ☐ None ☒ Mild ☐ Strong Describe: _____

Color/Appearance:

GREEN/CLEAR

Weight

Density 7-9 lbs./gal.(US liq) _____ lbs./cu. foot

Dry Weight ☐ < 1.0% ☐ 5-20%☐ 1-5% ☐ 20-100%pH ☐ N/A☐ 0-2 ☒ 4.1-10 ☐ ≥ 12.5☐ 2.1-4 ☐ 10.1-12.4 Exact _____**Flash Point (liquid only)**☐ < 73°F (23°C)☐ 73-140°F (23-60°C)☐ 142-200°F (61-93°C)☒ > 200°F (93°C)☐ Exact _____**Boiling Point**☐ < 95°F (35°C)☒ > 95°F (35°C)☐ Exact _____

BTU/LB.

Dermal Toxicity LD₅₀(Mg/Kg)☐ ≤ 40 ☐ < 200, ≤ 1000☐ > 40, ≤ 200 ☒ > 10004. Material poisonous by inhalation? ☐ Yes ☒ No**Oral Toxicity LD₅₀(Mg/Kg)**☐ ≤ 5 ☐ > 5, ≤ 50Solids: ☐ > 50, ≤ 200 ☐ > 200Liquids: ☐ > 50, ≤ 500 ☒ > 5005. Is this waste stored in vented drums? ☐ Yes ☒ No6. Is this waste pumpable? ☒ Yes ☐ No7. Is this waste polymerizable? ☐ Yes ☒ No8. Is waste stream subject to the National Emission Standards for Benzene Waste Operations (40 CFR 61 Subpart FF)? ☐ Yes ☒ No9. Is this waste regulated as an ozone depleting substance (40 CFR part 82)? ☐ Yes ☒ No10. Does this waste contain scrap metal pieces greater than 2 inches in size? ☐ Yes ☒ No**G. METALS**☒ NONE ☐ TCLP (MG/L) ☐ TOTAL (PPM)

	Reg. Limit	Below	Above	Range
Arsenic	5 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Barium	100 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Cadmium	1 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Chromium	5 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Copper		<input type="checkbox"/>	<input type="checkbox"/>	_____
Lead	5 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Mercury	0.2 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Nickel	134 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Selenium	1 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Silver	5 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Zinc		<input type="checkbox"/>	<input type="checkbox"/>	_____
Others:				_____

H. PHYSICAL/CHEMICAL CONSTITUENTSWater 85.00-95.00%Sulfonic acids, petroleum, sodium salts < 5.00%Oils, vegetable < 3.00%Severely hydrotreated mineral oil 5.00-15.00%Dyes, non TRI < 1.00%Plastic Debris 1.00-5.00%Steel filings 1.00-5.00%

MORE CONSTITUENTS ON CONTINUATION SHEET

I. ANTICIPATED VOLUME

Qty. Container Qty. Container

☐ 5 gal. pail ☐ Cubic Yard Box*☐ 15 gal. carboy ☐ Super Sack*☐ 30 gal. drum ☐ Rolloff/Dump Trailer*☒ 2.00 55 gal. drum ☐ Tanker*☐ 85 gal. drum ☐ Other _____Per ☐ 1 Time ☐ Week ☐ Month☐ Year ☒ Other AN(*) Is this waste regulated as a Marine Pollutant (49 CFR 171.8)? ☐ Yes ☒ No

(Attach All MSDS, Sample Analysis and Additional Info.)

Generator's Certification:

I hereby certify that the above and attached description is complete and accurate to the best of my knowledge and ability to determine that no deliberate or willful omissions of composition properties exist and that all known or suspected hazards have been disclosed. I certify that the materials tested are representative of all material described by this profile.

Generator's Authorized Signature: _____ Date _____

.....

135 Second Avenue
Waltham, MA 02451
Tel: 781-890-1212 x 314
Fax: 781-890-1811
E-Mail: skmkt@aol.com

The Ski Market, Ltd.

April 19, 1999

Environmental Protection Agency
DEPP, Region 2
290 Broadway, 22 Fl.
New York, NY 10007-1866

Mr. Hoyt,

I am forwarding you the requested information in order to obtain an EPA ID number for our Latham, NY. location. I have also included copies of our manifests that were generated by Safety-Kleen. I appreciate you calling me upon receipt of this paperwork – I'm trying to schedule a pick-up by the end of the week. Thanks for your help.

Sincerely,

Brian A. Smith
Accounts Payable Manager

.....

* RCRIS: Notification Add/Update Screen 2 *

*EPA ID: NYR000026856 Other ID: Merge Send: Y *

*Date Received(MMDDYY): 071896 Source(N/E/S): N Non-Notifier Flag: *

*Date Acknowledged (MMDDYYYY): 07221996 Send Acknowledgement: *

*Name of Installation: HECHINGER - HOME QUARTERS #7247 *

* Installation Location Address *

*Streets: 579 TROY SCHENECTADY RD *

*City: LATHAM State: NY Zip: 12110 *

*County Code: 001 County Name: ALBANY *

* Installation Mailing Address (Type 'SAME' if same as Above) *

*Streets: 4920 CARROLL CANYON RD *

*City: SAN DIEGO State: CA Zip: 92121 *

* Contact Information *

* Last Name First Name Title Phone Address(M,L,O)*

* KAUTZ JODI HAZ MAT SPEC 6196770150 M *

*Streets: 4920 CARROLL CANYON RD *

*City: SAN DIEGO State: CA Zip: 92121 *

*Land Type: P *

* RCRIS: Notification Add/Update Screen 3 *

* EPA ID: NYR000026856 Other ID: Source: N *

* *

* Owner Sequence Number: 1 *

* Ownership: HECHINGER - HOME QUARTERS Type of Owner: P *

* *

* *

* Address of Owner *

* *

* Street: 3500 PENNSYLVANIA DR *

* City: LANDOVER State: MD Zip Code 20785 *

* Phone: 3013411000 *

* *

* Current/Previous Indicator: CO Change Date(MMDDYY): *

* *

* *

* *

* Enter-Continue F3-Exit F4-Exit Group Process F5-Curr. Owner *

* F6-Prev. Owner F8-Help F9-First F10-Next *

Gen = 3/R

W.C. DOO1, DOO2,

DOO3



ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

07/22/96

This is to acknowledge that you have filed a **Notification of Hazardous Waste Activity** for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER -> NYR000026856

FACILITY NAME -> HECHINGER - HOME QUARTERS #7247

MAILING ADDRESS -> 4920 CARROLL CANYON RD
SAN DIEGO, CA 92121

INSTALLATION ADDRESS -> 579 TROY SCHENECTADY RD
LATHAM, NY 12110

EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION II
290 BROADWAY
NEW YORK, NEW YORK 10007-1866

ATTN: AIR & WASTE MANAGEMENT DIVISION, 22ND FL.
HAZARDOUS & SOLID WASTE PROGRAMS BRANCH
RCRA NOTIFICATIONS

TO: KAUTZ, JODI
HAZ MAT SPEC
HECHINGER - HOME QUARTERS #7247
4920 CARROLL CANYON RD
SAN DIEGO, CA 92121

Please refer to the Instructions for Filling Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received
(For Official Use Only)U.S. EPA
AGENCY RO II

96 JUL 18 PM 12:15

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)



A. First Notification

B. Subsequent Notification
(Complete item C)

C. Installation's EPA ID Number

NYR0000026856

II. Name of Installation (Include company and specific site name)

H e c h i n g e r / H o m e Q u a r t e r s # 7 2 4 7

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

5 7 9 T r o y - S c h e n e c t a d y R o a d

Street (Continued)

City or Town

L a t h a m N Y 1 2 1 1 0 -

County Code

County Name

A l b a n y

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

4 9 2 0 C a r r o l l C a n y o n R o a d

City or Town

S a n D i e g o C A 9 2 1 2 1 -

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (Last)

K a u t z

(First)

J o d i

Job Title

H a z . M a t . S p e c .

Phone Number (Area Code and Number)

6 1 9 - 6 7 7 - 0 1 5 0

VI. Installation Contact Address (See Instructions)

A. Contract Address
Location Mailing Other

B. Street or P.O. Box

City or Town

State

Zip Code

VII. Ownership (See Instructions)

A. Name of installation's Legal Owner

H e c h i n g e r / H o m e Q u a r t e r s

Street, P.O. Box, or Route Number

3 5 0 0 P e n n s y l v a n i a D r i v e

City or Town

L a n d o v e r M D 2 0 7 8 5 -

Phone Number (Area Code and Number)

3 0 1 - 3 4 1 - 1 0 0 0

B. Land Type

P

C. Owner Type

P

D. Change of Owner
Indicator

Yes

☒

No

(Date Changed)
Month Day Year

EPA Form 8700-12 (Rev. 11-30-93) Previous edition is obsolete.

FOIA Report of Non-Sensitive Compliance Monitoring and Enforcement Data

Report run on: March 2, 2015 - 12:38 PM

Version 5.0

User Selection Criteria

Location:	New York, all activities	Activity Location:	None Chosen
Handler ID:	NYR000026856	Group of IDs:	None Chosen
Handler Name:			
Handler Universe:	All Facilities Regardless of Universe		
Determined Date Range:	From: 10/01/1980 To: 03/02/2015		
Location County Code:	None Chosen	Evaluation Type:	
Location City:		Focus Area:	
Location Zip Code:		Violation Type:	
State District:	None Chosen	Display Code Descrip.:	Yes
Sort Order:	Region, State, Handler Name	Display Universes:	Yes

Results

Data meeting the criteria you selected follows.

Total Pages:6 Total Handlers:1

Report Description

This report presents available information from the Resource Conservation and Recovery Act Information System (RCRAInfo) about compliance evaluations, violations, and enforcement actions meeting the criteria supplied by the user. Evaluations showing no violations does not always indicate that no violations were determined. Violation without enforcement actions does not always mean no enforcement action will be issued. In order to avoid releasing enforcement sensitive information to the public the following information is not shown on the report: pending civil / judicial referrals, criminal actions and referrals, and State to EPA referrals; all other enforcement actions are released.

Report Information

Name: cme_foia.rdf
Developed by: EPA Headquarters, Office of Enforcement and Compliance Assurance
Deployed: June 2006
Last Updated: May 2012
Contact: rcrainfo.help@epa.gov
Tables Used: cmecomp3, ccitation3, hreport_univ5, lu_citation, lu_state, hid_groups
Libraries: none

FOIA Report of Non-Sensitive Compliance Monitoring and Enforcement Data

Report run on: March 2, 2015 - 12:38 PM

Page 2

HOME DEPOT USA INC HD1259

County Name / Code: ALBANY / NY001

NYR000026856

REGION 02

Location: 579 TROY-SCHENECTADY RD; LATHAM, NY 12110

Mailing: 1905 ASTON AVE - SUITE 100; CARLSBAD, CA 92008

Activity Location: NY	State District: NYSDEC R4	Accessibility:	Non-Notifier:	Extract Flag: Y	Active Site: Y
Generator: SQG	Transporter: N	Operating TSDF: -----	IC In Place: N	El Indicator (HE / GW): N / N	
Short-Term Gen: N	Transfer Facility: N	Offsite Receiver: N	HSM: N	Subpart K: -----	
Full Enforcement: -----	Converter: -----	State Unaddressed SNC: N	EPA Unaddressed SNC: N		
CA Wrld: N	State TSDF: -----	State Addressed SNC: N	EPA Addressed SNC: N		
Active State Gen: N		State SNC w/Comp Sched: N	EPA SNC w/Comp Sched: N		

Violation:	Activity Location: NY	Type: XXS	Determined Date: 03/05/2009	Determined by Agency: State	Responsible Agency: State
	Scheduled Compliance Date:		Actual Compliance Date: 03/05/2009	RTC Qualifier: DOCUMENTED	Sequence Number: 7
	Citation Information: Seq #	Type	Citation		
	1	STATE REGULATION	372.2(b)(5)(ii)		
CEI Evaluation	03/05/2009	Activity Location: NY	By: State	Identifier: 001	Person: NYJHK
	Citizen Complaint: NO	Multimedia Inspection: NO	Sampling: NO	Not Subtitle C: NO	Branch: R4
				Day Zero: 03/05/2009	Found Violation: YES
					Focus Area:

Enforcement:	Activity Location: NY	Type: 120	Action Date: 03/05/2009	Identifier: 001	
	Docket:	Agency: State	Responsible Person: NYJHK	Branch: R4	
	CA Component: N	Disposition Status: AS 03/09/09	Appeal Initiated:	Appeal Resolved:	

Violation:	Activity Location: NY	Type: 262.A	Determined Date: 06/10/2005	Determined by Agency: State	Responsible Agency: State
	Scheduled Compliance Date:		Actual Compliance Date: 07/27/2005	RTC Qualifier: DOCUMENTED	Sequence Number: 1
	Former Citation - SR - 374-3.2(d)(4) & (f)(3)				
CEI Evaluation	06/10/2005	Activity Location: NY	By: State	Identifier: 001	Person: NYCVR
	Citizen Complaint: NO	Multimedia Inspection: NO	Sampling: NO	Not Subtitle C: NO	Branch: R4
				Day Zero:	Found Violation: YES
					Focus Area:

Enforcement:	Activity Location: NY	Type: 120	Action Date: 07/22/2005	Identifier: 001	
	Docket:	Agency: State	Responsible Person: NYCVR	Branch: R4	
	CA Component: N	Disposition Status:	Appeal Initiated:	Appeal Resolved:	
Enforcement:	Activity Location: NY	Type: 120	Action Date: 06/21/2005	Identifier: 001	
	Docket:	Agency: State	Responsible Person: NYCVR	Branch: R4	
	CA Component: N	Disposition Status:	Appeal Initiated:	Appeal Resolved:	

Violation:	Activity Location: NY	Type: 262.A	Determined Date: 06/10/2005	Determined by Agency: State	Responsible Agency: State
	Scheduled Compliance Date:		Actual Compliance Date: 07/27/2005	RTC Qualifier: DOCUMENTED	Sequence Number: 2
	Former Citation - SR - 373-3.3(g)(1)				
CEI Evaluation	06/10/2005	Activity Location: NY	By: State	Identifier: 001	Person: NYCVR
	Citizen Complaint: NO	Multimedia Inspection: NO	Sampling: NO	Not Subtitle C: NO	Branch: R4
				Day Zero:	Found Violation: YES
					Focus Area:

Enforcement:	Activity Location: NY	Type: 120	Action Date: 07/22/2005	Identifier: 001	
	Docket:	Agency: State	Responsible Person: NYCVR	Branch: R4	
	CA Component: N	Disposition Status:	Appeal Initiated:	Appeal Resolved:	

* Note: Penalty amount may not reflect all violations cited.

FOIA Report of Non-Sensitive Compliance Monitoring and Enforcement Data

Report run on: March 2, 2015 - 12:38 PM

Page 3

HOME DEPOT USA INC HD1259, NYR000026856, LATHAM, NY, continued -

Enforcement:	Activity Location: NY	Type: 120	Action Date: 06/21/2005	Identifier: 001			
Docket:		Agency: State	Responsible Person: NYCVR	Branch: R4			
CA Component: N	Disposition Status:		Appeal Initiated:	Appeal Resolved:			
Violation:	Activity Location: NY	Type: 262.A	Determined Date: 06/10/2005	Determined by Agency: State	Responsible Agency: State		
Scheduled Compliance Date:		Actual Compliance Date: 07/27/2005	RTC Qualifier: DOCUMENTED	Sequence Number: 3			
Former Citation - SR - 373-3.9(d)(3)							
CEI Evaluation	06/10/2005	Activity Location: NY	By: State	Identifier: 001	Person: NYCVR	Branch: R4	Found Violation: YES
Citizen Complaint: NO	Multimedia Inspection: NO	Sampling: NO	Not Subtitle C: NO	Day Zero:	Focus Area:		
Enforcement:	Activity Location: NY	Type: 120	Action Date: 07/22/2005	Identifier: 001			
Docket:		Agency: State	Responsible Person: NYCVR	Branch: R4			
CA Component: N	Disposition Status:		Appeal Initiated:	Appeal Resolved:			
Enforcement:	Activity Location: NY	Type: 120	Action Date: 06/21/2005	Identifier: 001			
Docket:		Agency: State	Responsible Person: NYCVR	Branch: R4			
CA Component: N	Disposition Status:		Appeal Initiated:	Appeal Resolved:			
Violation:	Activity Location: NY	Type: 262.B	Determined Date: 06/10/2005	Determined by Agency: State	Responsible Agency: State		
Scheduled Compliance Date:		Actual Compliance Date: 07/27/2005	RTC Qualifier: DOCUMENTED	Sequence Number: 4			
Former Citation - SR - 372.2(b)(2)(i) & (ii)							
CEI Evaluation	06/10/2005	Activity Location: NY	By: State	Identifier: 001	Person: NYCVR	Branch: R4	Found Violation: YES
Citizen Complaint: NO	Multimedia Inspection: NO	Sampling: NO	Not Subtitle C: NO	Day Zero:	Focus Area:		
Enforcement:	Activity Location: NY	Type: 120	Action Date: 07/22/2005	Identifier: 001			
Docket:		Agency: State	Responsible Person: NYCVR	Branch: R4			
CA Component: N	Disposition Status:		Appeal Initiated:	Appeal Resolved:			
Enforcement:	Activity Location: NY	Type: 120	Action Date: 06/21/2005	Identifier: 001			
Docket:		Agency: State	Responsible Person: NYCVR	Branch: R4			
CA Component: N	Disposition Status:		Appeal Initiated:	Appeal Resolved:			
Violation:	Activity Location: NY	Type: 262.A	Determined Date: 06/10/2005	Determined by Agency: State	Responsible Agency: State		
Scheduled Compliance Date:		Actual Compliance Date: 07/27/2005	RTC Qualifier: DOCUMENTED	Sequence Number: 5			
Former Citation - SR - 372.2(a)(8)(iii)(d)							
CEI Evaluation	06/10/2005	Activity Location: NY	By: State	Identifier: 001	Person: NYCVR	Branch: R4	Found Violation: YES
Citizen Complaint: NO	Multimedia Inspection: NO	Sampling: NO	Not Subtitle C: NO	Day Zero:	Focus Area:		
Enforcement:	Activity Location: NY	Type: 120	Action Date: 07/22/2005	Identifier: 001			
Docket:		Agency: State	Responsible Person: NYCVR	Branch: R4			
CA Component: N	Disposition Status:		Appeal Initiated:	Appeal Resolved:			

* Note: Penalty amount may not reflect all violations cited.

FOIA Report of Non-Sensitive Compliance Monitoring and Enforcement Data

Report run on: March 2, 2015 - 12:38 PM

Page 4

HOME DEPOT USA INC HD1259, NYR000026856, LATHAM, NY, continued -

Enforcement: Activity Location: NY	Type: 120	Action Date: 06/21/2005	Identifier: 001
Docket:	Agency: State	Responsible Person: NYCVR	Branch: R4
CA Component: N	Disposition Status:	Appeal Initiated:	Appeal Resolved:

Violation: Activity Location: NY	Type: 262.A	Determined Date: 06/10/2005	Determined by Agency: State	Responsible Agency: State
Scheduled Compliance Date:		Actual Compliance Date: 07/27/2005	RTC Qualifier: DOCUMENTED	Sequence Number: 6
Former Citation - SR - 372.2(a)(8)(iii)(e)				

CEI Evaluation 06/10/2005	Activity Location: NY	By: State	Identifier: 001	Person: NYCVR	Branch: R4	Found Violation: YES
Citizen Complaint: NO	Multimedia Inspection: NO	Sampling: NO	Not Subtitle C: NO	Day Zero:		Focus Area:

Enforcement: Activity Location: NY	Type: 120	Action Date: 07/22/2005	Identifier: 001
Docket:	Agency: State	Responsible Person: NYCVR	Branch: R4
CA Component: N	Disposition Status:	Appeal Initiated:	Appeal Resolved:
Enforcement: Activity Location: NY	Type: 120	Action Date: 06/21/2005	Identifier: 001
Docket:	Agency: State	Responsible Person: NYCVR	Branch: R4
CA Component: N	Disposition Status:	Appeal Initiated:	Appeal Resolved:

Total Number of Handlers:	1
Total Number of Activity Locations:	1

* End of Report *

* Note: Penalty amount may not reflect all violations cited.

FOIA Report of Non-Sensitive Compliance Monitoring and Enforcement Data

Report run on: March 2, 2015 - 12:38 PM

Page 5

Description of codes used on the report:

Universes	Description of Universes
Generator	Indicates that the facility is a Large Quantity Generator (LQG), Small Quantity Generator (SQG), Conditionally Exempt Small Quantity Generator (CEG), or not a generator (N).
Transporter	Indicates that the facility Transports waste subject to RCRA regulations. ('Y' indicates that the facility is in this universe).
Operating TSDF	Indicates that the facility is a Treatment, Storage or Disposal facility subject to any type of enforcement. It then specifies the type of facility (L - Land Disposal; I - Incinerator; B - BIF; S - Storage; T - Treatment)
IC in Place	Indicates that the facility has Institutional Controls in place. ('Y' indicates that the facility is in this universe).
EI Indicator (HE / GW)	Indicates that the facility has controls in place for Environmental Indicators. HE - Human Exposures ('+' indicates the exposure exists and is under control; '-' indicates the exposure exists and is not under control; 'N' indicates the exposure does not exist) GW - Groundwater Release ('+' indicates the exposure exists and is under control; '-' indicates the exposure exists and is not under control; 'N' indicates the exposure does not exist)
Short-Term Gen	Indicates that the facility is a short term or one time event generator and not generating from ongoing processes.
Transfer Facility	Indicates that the facility transfers hazardous waste.
Offsite Receiver	Indicates that the facility, whether public or private, currently accepts hazardous waste from another site (site identified by a different EPA ID).
HSM	Indicates that the facility manages hazardous secondary material(s) (e.g. spent material, by-product or sludge) that when discarded, would be identified as hazardous waste.
Subpart K	Indicates that the facility has opted into the subpart K laboratory rule. It then specifies the type of facility (C - College or University; H - Teaching Hospital; N - Non-profit Research Institute; W - withdrawal from the rule)
Full Enforcement	Indicates that the facility is a Treatment, Storage or Disposal facility which is part of the Full Enforcement universe. It then specifies the type of facility (L - Land Disposal; I - Incinerator; B - BIF; S - Storage; T - Treatment)
CA Workload	Indicates that the facility is part of the Corrective Action Workload universe. ('Y' indicates that the facility is in this universe).
Active State Gen	Indicates that the facility is an Active State Generator. ('Y' indicates that the facility is in this universe).
Converter	Indicates that the facility is a Converter Treatment, Storage or Disposal facility. It then specifies the type of facility (L - Land Disposal; I - Incinerator; B - BIF; S - Storage; T - Treatment)
State TSDF	Indicates that the facility is a State Treatment, Storage or Disposal facility. It then specifies the type of facility (L - Land Disposal; I - Incinerator; B - BIF; S - Storage; T - Treatment)
State Unaddressed SNC	Indicates that the facility is a State Unaddressed Significant Non-Complier. ('Y' indicates that the facility is in this universe).
State Addressed SNC	Indicates that the facility is a State Addressed Significant Non-Complier. ('Y' indicates that the facility is in this universe).
State SNC w/ Compl. Sched	Indicates that the facility is a State Significant Non-Complier with a Compliance Schedule. ('Y' indicates that the facility is in this universe).
EPA Unaddressed SNC	Indicates that the facility is an EPA Unaddressed Significant Non-Complier. ('Y' indicates that the facility is in this universe).
EPA Addressed SNC	Indicates that the facility is an EPA Addressed Significant Non-Complier. ('Y' indicates that the facility is in this universe).
EPA SNC w/ Compl. Sched	Indicates that the facility is a EPA Significant Non-Complier with a Compliance Schedule. ('Y' indicates that the facility is in this universe).

* Note: Penalty amount may not reflect all violations cited.

FOIA Report of Non-Sensitive Compliance Monitoring and Enforcement Data

Report run on: March 2, 2015 - 12:38 PM

Page 6

Description of codes used on the report:

ACCESSIBILITY - indicates the reason why the handler is not accessible for normal RCRA tracking and processing (previously called Bankrupt Indicator):	
Code	Description
B	indicates that the handler has filed for bankruptcy and bankruptcy litigation is in process.
C	indicates that all RCRA responsibilities for permitting/closure, corrective action, and compliance monitoring and enforcement at the facility have been formally transferred to the CERCLA program or state equivalent.
F	indicates that all responsible parties (owners/operators) for the handler have fled the country or are otherwise not available for prosecution.
L	indicates that the handler's case is tied up in litigation to the extent that further progress in achieving RCRA compliance through normal enforcement is not possible.

NON-NOTIFIER - indicates that the handler has been identified through a source other than Notification and is suspected of conducting RCRA-regulated activities without proper authority:	
Code	Description
E	indicates that the handler was initially a non-notifier, subsequently determined to be exempt from requirements to notify.
O	indicates that the handler is a former non-notifier.
X	indicates that the handler is a non-notifier.

Violation Type	Description
262.A	GENERATORS - GENERAL
262.B	GENERATORS - MANIFEST
XXS	STATE STATUTE OR REGULATION

Evaluation Type	Type Description
CEI	COMPLIANCE EVALUATION INSPECTION ON-SITE

Enforcement Type	Enforcement Description
120	WRITTEN INFORMAL

* Note: Penalty amount may not reflect all violations cited.